) BE	est A	AVAILABLE	COPY	199380	93
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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 21220/04089(CR2015F@S4

CLAIMS AS FILED - PART I (Column 1) (Column 2)					-	SMALL ENTITY TYPE			OTHER			
TOTAL CLAIMS		20				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	355.00	OR	Basic Fee	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20= " (· 9	グ		X\$ 9=		OR	X\$18=	
IND	EPENDENT CI	AIMS	minus 3 = 0		9		X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	210	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL I	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO	Total	· /S	Minus	. 00		= /	l L	X\$ 9=		OR	X\$18=	1
AME	Independent	NTATION OF M	Minus	···	CL AIN	<u> -/ </u>	$\{\ [$	X40=		OR	X80=	
	TAIOTTTILOE	317A11O11 O1 III	DETIFIED DET	CHOCK	CLAIM		, L	+135=		OR	+270=	
						•	_	TOTAL DDIT, FEE		OR	TOTAL, ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)					ADDII. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	F 01 A144	=	11	X40=		OR	X80=	
	rinoi rnese	ENTATION OF M	ULTIPLE DE	PENUEN	CLAIM		J	+135=		ÖR	+270=	
								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE	
_		(Column 1)		(Colu		(Column 3)					ADD) 1. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT			_	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	••		=	IJſ	X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		<u> -</u>	 	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+270=		
**	if the "Highest Nu If the "Highest Nu	mber Previously Pa Imber Previously P	aid For IN THI aid For IN THI	S SPACE I	s less tha	n 20, enter "20. In 3. enter "3."	~	DDIT. FEE			TOTAL ADDIT. FEE	
•	""If the "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.											